

declined again last week to 17.5 per 1,000. Among these large towns the lowest death-rates last week were 5.1 in Bournemouth, 6.9 in Hornsey, 8.0 in West Hartlepool, 8.2 in Walthamstow, 8.5 in Handsworth, 10.0 in Blackburn, and 10.3 in King's Norton; the highest rates were 21.6 in Salford, 22.0 in Wigan, 23.1 in Warrington, 23.2 in Stockport, 23.7 in Southampton, 25.9 in Merthyr Tydfil, 26.5 in Liverpool, 26.8 in Middlesbrough, and 27.5 in Preston. In London the rate of mortality was 17.0 per 1,000, while it averaged 17.8 in the seventy-five other large towns. The principal infectious diseases caused a death-rate of 3.5 per 1,000 in the seventy-six large towns; in London this death-rate was equal to 2.9 per 1,000, while it averaged 3.3 in the seventy-five other large towns, and ranged upwards to 5.6 in Middlesbrough, 5.8 in Burnley, 5.9 in Bristol, 6.1 in Bootle, 6.5 in East Ham, 6.6 in Liverpool, 8.5 in Wigan, and 10.5 in Preston. Measles caused a death-rate of 1.2 in Newcastle-on-Tyne, 1.3 in West Ham, 1.4 in Norwich, 1.7 in Hanley and in Bootle, and 3.0 in Bristol; scarlet fever of 1.6 in Burnley, 1.8 in Smethwick and in Bolton, and 4.0 in West Bromwich; whooping-cough of 1.1 in Croydon, 1.4 in Preston, 1.9 in Southampton, 2.0 in Tottenham, and 2.5 in Wigan; from "fever" of 1.5 in Southampton, and 2.7 in Smethwick; and from diarrhoea of 4.2 in Wigan and in Leeds, 4.3 in Leicester, 4.5 in East Ham, 4.8 in Grimsby, 5.5 in Stockport, 5.7 in Liverpool, and 7.8 in Preston. The mortality from diphtheria showed no marked excess in any of the large towns. Of the 4 fatal cases of small-pox registered in these towns last week, 1 belonged to Liverpool, 1 to Warrington, 1 to Sunderland, and 1 to Swansea. The number of small-pox patients under treatment in the Metropolitan Asylums Hospitals, which had been 25, 71, and 47 at the end of the three preceding weeks, had further declined to 42 at the end of last week; 4 new cases were admitted during the week against 22, 7, and 4 in the three preceding weeks. The number of scarlet fever cases in these hospitals and in the London Fever Hospital on Saturday last, September 27th, was 2,703 against 2,713, 2,669, and 2,657 on the three preceding Saturdays, 388 new cases were admitted during the week, against 333, 311, and 309 in the three preceding weeks.

HEALTH OF SCOTCH TOWNS.

DURING the week ending Saturday last, September 27th, 973 births and 507 deaths were registered in eight of the principal Scotch towns. The annual rate of mortality in these towns, which had been 14.8 and 14.1 per 1,000 in the two preceding weeks, rose again last week to 15.7 per 1,000, but was 1.8 per 1,000 below the mean rate during the same period in the seventy-six large English towns. Among the Scotch towns the death-rates ranged from 12.5 in Aberdeen and 14.0 in Edinburgh, to 17.2 in Perth, and 22.7 in Greenock. The death-rate in these towns from the principal infectious diseases averaged 1.5 per 1,000, the highest rates being recorded in Glasgow and Paisley. The 245 deaths registered in Glasgow included 2 from scarlet fever, 2 from whooping-cough, 3 from "fever," and 19 from diarrhoea. Three fatal cases of "fever" and 2 of diarrhoea were recorded in Edinburgh. Two deaths from diarrhoea occurred in Dundee, and 2 in Aberdeen.

THE HEALTH OF DERBYSHIRE.

THE annual report on the health of Derbyshire for 1901 shows the population as 504,572 at the time of the census, but owing to transfer of certain areas to Sheffield and Derby it is now 485,612. The birth-rate was 32.7, and the death-rate 15.6, as compared with 16.6 last year. The Medical Officer of Health (Dr. Sidney Barwise) again draws attention to the relationship between diarrhoea and dust, and advocates abundant street flushing, especially during the summer months. To make this practicable he urges the importance of paving backyards and courts. The diphtheria death-rate was higher than usual, and Dr. Barwise recommends a wider adoption of antitoxin. He introduces into the report for the first time separate tables with regard to the cancer death-rate. The body of the report consists of abstracts of the medical officers of 29 urban and 17 rural districts. We much regret to note that the County Public Health Committee has ceased pressing the district councils with regard to the administration of the Dairy, Cowsheds, and Milkshops Orders pending the results of the Royal Commission on the communicability of bovine tuberculosis. Surely that is a very short-sighted policy, as the milk supply requires protection, whatever the conclusions at which that Commission may arrive.

THE HEALTH OF WORCESTERSHIRE, 1901.

DR. FOSBROKE, the county medical officer, reports the population of Worcestershire as 473,324, the birth-rate 28.9, and the death-rate 15.0. These figures are much the same as in recent years. There were 17 cases of small-pox, 13 in the Halesowen district (due to importation from Barrow-in-Furness) and 4 mild, "mysterious in their origin," in the Newent district. The county medical officer issued an admirable leaflet and the county council appointed a special committee, which reported that the provision for small-pox isolation in the county was "neither adequate nor efficient." The matter is receiving attention. The infant mortality-rate is returned at 134 (England and Wales 157). Particular attention has been paid to phthisis prevention. Pollution of the Severn still continues. But good work has been done in the direction of water supplies, excrement disposal, and scavenging. At Evesham, Malvern, and Oldbury the bacterial system of sewage treatment is being laid down. The Sewage Commission has those installations under particular observation. Model by-laws have been drafted and adopted in one district out of the 30 in the county for the housing and supervision of hop pickers. This is excellent, and might well be adopted in all hop-growing districts. Dr. Fosbroke's report is a very full statement and is accompanied by abstracts from the district medical officers. There are various maps and charts.

LOCAL GOVERNMENT BOARD CIRCULAR AS TO SMALL-POX.

THE Local Government Board has just issued memoranda on small-pox preventive methods and vaccination to the various Boards of Guardians and sanitary authorities throughout the kingdom. These documents are very similar to memoranda issued some months ago at the commencement of the recent epidemic. Emphasis is laid upon the absolute import-

ance of systematic vaccination in the ordinary course of things, and to what may be called emergency vaccination and revaccination. The Royal Commission findings are quoted, and the hearty co-operation of the vaccinating authority with the sanitary authority is enjoined in the event of a continuance of the disease in the coming winter.

STATE VACCINATION BY ALL PRACTITIONERS.

EFFICIENT writes: A letter in the BRITISH MEDICAL JOURNAL of September 27th raises again this question, and while allowing the difficulties of the situation occasionally we must face the absolutely inefficient vaccination by many practitioners who are not public vaccinators. Their work not being regularly inspected and probably also to keep in with the public, many of them insert the lymph once or twice, and allow it to be known that they do so, thus casting a stigma on those who carry out instructions; and besides this they give the certificate as efficient when they know that it is not efficiently done. As a public vaccinator I have been often faced by the statement that Mr. — never puts on more than one place, and that therefore they prefer to go to him and pay 5s. 6d. to save trouble with the child. This ruins the protection from small-pox, and is opening the door for an epidemic, and that amongst those who believe themselves and their children to be safe. I never found that the people resented the call of the vaccinator; in fact with us they are most pleased to be freed from the trouble of taking their children to a station. The private attendant should vaccinate before the four months' limit is up, and he cannot complain if after that the name is given to the public vaccinator. I wish that the Imperial Vaccination League would consider the point of those medical men who charge (generally a very small fee) for an operation which in most cases they must know to be not sufficient for protection; none should be accepted as good except in four places; occasionally and accidentally there might be three, but it should always be so stated.

FEE FOR CERTIFICATION OF PAUPER LUNATIC.

DISTRICT.—We are afraid our correspondent cannot claim more than the fee which has been assigned to him by the magistrate who acted in the case unless that same magistrate can be induced to order a higher fee to be paid. This, we think, would be the right thing for him to do. We cannot understand what the bench of magistrates had to do with the matter. The case was for the consideration of one magistrate only. Nor can we understand what evidence on oath (if not on oath the term evidence is not correct) could have been necessary.

HOSPITAL AND DISPENSARY MANAGEMENT.

PENARTH FEVER HOSPITAL.

ON September 27th the memorial stone of the new infectious diseases hospital of the Penarth District Council was laid by the Chairman of the Council (Mr. S. Thomas). Such a hospital was urgently required, particularly as the town is a seaside resort and has a population of over 14,000 inhabitants. The hospital stands on a site of $\frac{3}{4}$ acres; the isolation block contains two wards of 2 beds each, and the main block two wards of 6 beds each. In addition there is the usual administrative block with laundry, disinfecting apparatus, mortuary, etc. The cost of the building, which it is anticipated will be opened within twelve months, is estimated at £6,630, and with fittings, etc., £7,800.

MONMOUTH NEW HOSPITAL.

THE memorial stone of the new hospital for Monmouth was laid recently by Lord Llangatlock, who has contributed over £2,000 to the building fund out of a total of about £4,000 already subscribed. The total cost is estimated at £7,500.

MEDICAL NEWS.

THE Board of Agriculture has issued a muzzling order for South-West Wales, implicating Cardigan, Carmarthen, and Pembroke counties, which comes into operation on September 25th.

UNDER the will of the late Mr. John Dyson, of Southampton, a sum of £500 has been bequeathed to the Royal South Hants Infirmary, and £100 to the Southampton Dispensary.

THE dinner of the Incorporated Society of Medical Officers of Health will take place at the Hotel Russell, London, on Friday next, at 7.30 p.m., under the chairmanship of the President, Dr. J. Spottiswoode Cameron.

WE are requested to state that the St. Luke's Medical Lodge of Instruction will hold the first meeting of the winter session at the Criterion Restaurant on Tuesday, October 7th, at 9 p.m., when the installation ceremony will be rehearsed. The Secretary is Dr. Eyre, Embankment Chambers, Villiers Street, Strand, W.C.

MEDICAL MAGISTRATES.—The names of Dr. J. Montgomerie Alston and Dr. James Kirkland, both of Airdrie, were recently placed on the Commission of the Peace for Lanarkshire by the Earl of Home, K.T., Lord-Lieutenant of the County.